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## AUDIO RECORDING REQUEST

NAME, ADDRESS, AND PHONE NUMBER OF PARTY REQUESTING  
ELECTRONIC RECORDING:

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CASE NAME:

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OAL DKT NUMBERS(S):

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JUDGE:

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HEARING DATE(S)

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NUMBER OF CD-R(S)  
ENCLOSED:

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PLEASE SUPPLY ONE CD-R PER DAY OF HEARING.

RETURN THIS FORM AND YOUR CD-R(S) TO THE ABOVE ADDRESS.  
PLEASE INCLUDE A SELF-ADDRESSED ENVELOPE FOR RETURN OF  
COMPLETED CD-R(S).